



Maricopa County Justice Courts, Arizona

CASE NUMBER: _____

() - _____
Plaintiff(s) Name / Address / Phone

() - _____
Defendant(s) Name / Address / Phone

SMALL CLAIMS REQUEST FOR CONTINUANCE

[ARS 22-515 Continuances](#)

C. "Continuances of hearings shall be granted only for most serious of reasons."

I am the ☐ Plaintiff ☐ Defendant in this case. I request a continuance because:

☐ Attached is supporting documentation for my request.

Date: _____
☐ Plaintiff ☐ Defendant

ORDER and NOTICE OF HEARING DATE

A request for continuance of the small claims hearing has been filed,

☐ **IT IS ORDERED Granting** the request. **NOTICE OF NEW HEARING DATE:**

Date: _____ Time: _____

☐ **IT IS ORDERED Denying** the request. The hearing date remains as previously scheduled.

Date: _____
Justice of the Peace

I CERTIFY that I mailed a copy of this ORDER and NOTICE OF HEARING to:

☐ Plaintiff at the above address

☐ Defendant at the above address

Date: _____ By _____
Clerk